

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 21 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N44975**

1. Corporation Name

**HISPANIC BAR ASSOCIATION OF
CENTRAL FLORIDA, INC.**

2. Principal Office Address

646 EAST COLONIAL DR.

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32803

Country

U.S.

3. Mailing Office Address

646 EAST COLONIAL DR.

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32803

Country

U.S.

REINSTATEMENT

99-00

4. Date Incorporated or Qualified To Do Business in Florida

09/04/1991

5. FEI Number

59-3086401

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RICARDO R. PESQUERA

Street Address (P.O. Box Number is Not Acceptable)

646 EAST COLONIAL DRIVE

Suite, Apt. #, Etc.

700003230527-1
05/01/00-01019-006
****297.50 ****297.50

City

Orlando

State

FL

Zip Code

32803

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

4/17/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	RICARDO R. PESQUERA	646 EAST COLONIAL DR.	Orlando, FL 32803
T/D	ARISTIDES J. DIAZ	701 PEACHTREE ROAD	Orlando, FL 32804
S/D	YVETTE RODRIGUEZ-BROWN	332 N. MAGNOLIA AVE	Orlando, FL 32801

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00
Date

Daytime Phone #

KE

CR2E081 (9/99)